

A full account is given of the curious deformity due to hypertrophy of the neck and condyle of the lower jaw, of which only three cases have been recorded. The condyle is much elongated, generally enlarged and somewhat the shape of an inverted pyramid. The chin is pushed forward and towards the opposite side to that on which the disease is situated. In one case the patient was affected with chronic rheumatism, but there was no history or evidence of arthritic disease in the other two cases.

In the case described by Mr. Heath he incised the enlarged condyle with good results. This fact is probably not generally recognized by surgeons that *spasmodic closure of the jaws* may be connected with the eruption of the wisdom teeth of the lower jaw, either from want of room or malposition of the wisdom tooth itself. The affection may be of several weeks, or even of years, duration.

In discussing the operative treatment of permanent closure of the jaws from cicatrices within the mouth or of the cheeks, the author strongly recommends division of the jaw in front of the cicatrix, and prefers Esmarch's operation in which a wedge-shaped portion of the bone is removed to that of Bizzoli, who only divides the bone from within the mouth. He concludes as follows: "In cases of fibrous ankylosis of the temporo-maxillary joint it may be worth while to try division of the adhesions, and, failing in that, to resect the condyle.

"In cases of bony ankylosis of the joint, division of the ramus of the jaw below the masseter seems to me the least dangerous and most satisfactory proceeding."

CERTAIN POINTS IN CONNECTION WITH SYPHILIS.

*Prof. E. Läng*¹ (of Vienna) relates three cases in which gummatous lesions passed into cancer:

1. A man, æt. 40 years, presented several subcutaneous gummata, and at the same time a hard nodule in the floor of the mouth under the tongue. In spite of specific treatment the latter ulcerated, became papillomatous and finally assumed the character of a true epithelioma.

¹ *Wiener Med. Blätter*, 1886, Nos. 41 and 42.

2. In a man of about the same age, a gummatous ulcer of the lower lip healed under appropriate treatment, but a year later it again ulcerated, and excision proved it to be cancerous.

3. This case was less definite. In a syphilitic patient an epithelioma formed on the lower lip, but the evidence of a previous gumma was not forthcoming.

*M. Horwitz*¹ treats of the hæmorrhagic form of secondary syphilis, and holds that it indicates a mild course of the disease. Two cases are given.

*M. Bourdin*² (of Paris) points out that the following conditions may render an attack of syphilis unusually severe: (1). Chronic alcoholism. (2). Want, or physical depression from various causes. (3). Neglect of treatment in the early stages. 4. A very early or a very advanced age of the patient. 5. Certain diatheses, especially the scrofulous or tuberculous one. (6). Pregnancy. (7). Malaria. With regard to 4—the age of the patient—we have seen cases of syphilis acquired at the age of four and sixty years pass through the various stages without presenting anything unusual in the symptoms or their severity.

*M. Bidon*³ (of Paris) describes under the term diffuse hypertrophic syphiloma, a tertiary infiltration affecting sometimes the mouth or other parts of the face, sometimes the genitals of either sex, and sometimes the rectum. The diagnosis is often mistaken during the early stage when active treatment would diminish the risk of the infiltration passing on into stricture, and therefore the affection is worthy of special note, although its pathology presents nothing exceptional from that of other tertiary syphilitic lesions. In a very marked case lately under our observation, the skin of the penis, the prepuce and even the glans were enormously thickened. The disease had been regarded as epithelioma, and considerable ulceration had occurred. Careful examination of the excised prepuce showed it to be infiltrated with round cells, and at one part a small gumma was present. Subsequent treatment with iodide of potassium led to complete subsidence of the remaining swelling.

¹*Vierteljahrsschrift f. Derm. und Syph.*, 1886, No. 3.

²*Thèse de Paris.*

³*Thèse de Paris.*

M. Quédillac¹ reports eight cases of jaundice occurring during the secondary stage of syphilis. The pathology of this now well-recognized symptom is still obscure; it may be due to an inflammation of the hepatic parenchyma allied to the renal affection which produces albuminuria during the secondary stage, or to catarrh of the biliary ducts. In favor of the latter view the writer states that occasionally biliary colic of a mild form occurs during its course. Mercurial treatment is followed by rapid improvement, and if it is omitted the jaundice tends to persist for a considerable time. It appears to be most commonly met with in hot climates.

M. Saint-Avid² believes that the non-infecting chancre of the uterus is more common than is generally believed, that it may be situated either on the os uteri or within its canal, and that it may be either of the follicular variety, the diphtheritic, or the ulcerating. Lymphangitis secondary to the chancre may lead to pelvic peritonitis. Successful inoculation of the secretion is the only test of the intra-uterine chancre, when chancre exist on the os and on the vaginal wall or vulva. M. Quédillac holds that the former is nearly always the primary one.

J. HUTCHINSON, JR.

¹*Thèse de Paris.*

²*Thèse de Paris.*